

NEEDS ASSESSMENT SURVEY FINDINGS FORM

Planning Area: Panhandle [LOMA] **HMAZ/LMAZ Area:** All Panhandle
BDTP: IDU **SUBPOPULATION:** Women (1,12)

	# of surveys completed: 33	
	Information from needs assessment surveys	Assessment
Risk Behaviors (13,15,16, 22,24,25, 26,27,28,29 30,33)	<ul style="list-style-type: none"> 61% reported two or more partners in the past year; 36% reported more than 3 partners in the past year. None of the respondents indicated they had a sex partners in the past year who have HIV. 5% of IDU women indicated they knew if at least one of their sex partners in the past year had an STD. 10% say they had been treated for an STD in the past year. 18% reported engaging in anal sex. Of those engaging in anal sex, 50% reported never using a condom. 77% almost never use a condom for oral sex. 38% almost never use a condom for vaginal sex. The locations indicated by IDU women where they engaged in risky behaviors were: home [76%]¹, someone else's home [64%], cars [52%], hotels [46%], and crack houses [36%]. The top things IDU women said they do to keep from getting HIV are (in order): don't share needles or works [46%]¹, only have sex with one partner [42%], sometimes use a condom [39%], don't inject drugs [36%], and don't abuse drugs or alcohol [33%]. Survey respondents indicated a similar pattern of responses for protection against STDs. 	<ul style="list-style-type: none"> A high proportion of the respondents reported they have engaged in sex with multiple partners. The number one method respondents indicated for reducing their risk was being in a monogamous relationship. There is a low prevalence of HIV and moderate prevalence of STDs in the population based on the morbidity profile for this area. The 2000 Epidemic Profile should be consulted for additional differences between racial/ethnic sub-populations for this behavioral classification. Reported condom use for oral and vaginal sex is similar to that reported in the risk profile. Condom use for anal is higher than reported in the risk profile. IDU women indicated they engaged in risky behaviors at both public and private locations. This should be taken into account when trying to reach this population.

Numbers noted in parentheses () indicate questions number on the needs assessment survey which correspond to that category.

*Denotes the factors that influence behaviors (FIBs). See Tab 8 TDH Insert, Selecting and Prioritizing Interventions for a more detailed description.

¹ The bracketed number [x] indicates the proportion of respondents indicating that location (may add up to more than 100%).

² Information collected from the Counseling and Testing System for HIV positives, 1999-2000.

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*Knowledge (9,11)	<p>Among IDU women:</p> <ul style="list-style-type: none"> • 88% indicated that anal sex without a condom may increase a person's chance of getting HIV, 79% for getting STDs other than HIV. • 70% and 91% indicated that oral and vaginal sex without a condom, respectively, may increase a person's chance of getting HIV and 67% and 92%, respectively, for getting STDs other than HIV. • 88% indicated that sex-trade work may increase a person's chance of getting HIV, and 85% for getting STDs other than HIV. • 94% indicated that unprotected sex under the influence may increase a person's chance of getting HIV and 85% for getting STDs other than HIV. • 88% indicated sex with more than one partner may increase a person's chance of getting HIV and 85% for getting STDs other than HIV. • 97% indicated that injecting drugs and sharing works may increase a person's chance of getting HIV, 58% for getting STDs other than HIV. • 91% indicated that having sex with women may increase a person's chance of getting HIV and 82% for getting STDs other than HIV. • 85% indicated that engaging in sex with a woman who has engaged in risky behaviors may increase a person's chance of getting HIV and 76% for getting STDs other than HIV. • 88% indicated that blood transfusions may increase a person's chance of getting HIV, 42% for getting STDs other than HIV. • 88% indicated that needle sticks may increase a person's chance of getting HIV, 39% for getting STDs other than HIV. • 91% indicated that a being born to a mother with HIV may increase a person's chance of getting HIV and 64% for getting STDs other than HIV. 	<ul style="list-style-type: none"> • Between 80 and 90% of the respondents showed good knowledge of HIV and STD transmission routes. The responses for STD transmission routes are lower than observed in HIV responses.
*Attitudes & beliefs (10,32,34)	<ul style="list-style-type: none"> • On average, IDU women indicated they strongly agreed that a person should tell their sex partner(s) if they have HIV or an STD whether using condoms or not. • The top reasons IDU women indicated they had sex without a condom are (in order): they were drunk or high [36%]¹, they trust their partner [30%], condoms were not available [30%], don't like condoms [21%], and dental dams were not available [18%]. 	<ul style="list-style-type: none"> • Primary barriers to condom use were they were too drunk or high, partner trust, condoms not being available, and not liking condoms. • Considering the morbidity rates in this community, and the risk activities, the personal perception of risk may be low.

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	<ul style="list-style-type: none"> 50% indicated they were not likely to get HIV. 53% indicated they were not likely to get an STD. 	
*Current communication skills (14)	<ul style="list-style-type: none"> 52% of the IDU women who responded indicated they have talked about getting HIV with at least some of their partners. 58% of the IDU women who responded indicated they have talked about getting an STD other than HIV with at least some of their partners. 	<ul style="list-style-type: none"> Approximately half of the IDU women indicated they have discussed risks for an STD or HIV with their partner. This suggests communication is occurring between IDU women and their partners in this area. It should be noted that just because they are discussing risks, that the communication is not necessarily effective.
*Social/peer support (17)	<p>When asked who they would tell if they had contracted HIV or an STD other than HIV, the following proportions of IDU women indicated they would tell:</p> <ul style="list-style-type: none"> Their family; 100% for HIV, 50% for an STD. Their current partner(s); 100% for HIV, 85% for an STD. Their past partner(s); 100% for HIV, 76% for an STD. Their friends; 100% for HIV, 64% for an STD. 	<ul style="list-style-type: none"> The majority of the respondents reported they would be comfortable telling family, friends and partners if they contracted HIV. The responses for STDs were lower than for HIV, particularly for family and friends.
Testing history/need for testing (18-23)	<ul style="list-style-type: none"> 79% of survey respondents indicated they have tested in the past year. Of those who were tested, they tested an average of 2.4 times per year. The top reasons IDU women indicated they have tested are (in order): had sex without using a condom [36%]¹, part of routine care [33%], and because they are an IDU[24%]. The reasons IDU women indicated they have not tested were (in order): don't want to know if they have HIV [6%]¹, don't think they are at risk [3%], and afraid someone would find out [3%]. 12% of those surveyed indicated they have tested positive for HIV. 64% of the respondents tested for an STD other than HIV in the past year. Of those testing, they tested an average of 1.8 times a year. 57% of IDU women who have tested for an STD in the past year indicated they have tested positive for an STD. The top reasons cited for not testing for an STD were (in order): do not think they are at risk [21%]¹, and 	<ul style="list-style-type: none"> Testing proportions for these respondents is moderate with 79% of this group testing each year. Those who test, do so an average of 2.4 times a year, about one tests for every 1.5 partners reported last year. Emphasis should be placed on getting those who don't test and engage in risky activities to test regularly and overcoming the barriers to their testing. 57% of respondents indicated HIV testing as a preventive behavior, part of routine care and due to recognition of risks as an IDU. A high proportion of the respondents indicated they were tested for an STD in the past year. The frequency of

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	<p>not sexually active, don't know where to get tested, don't want to ask their doctor, afraid someone would find out, and have no symptoms at 3% each.</p> <ul style="list-style-type: none"> 30% of respondents indicated they have tested for Hepatitis A in the past year, 33% for Hepatitis B, 46% for Hepatitis C, and 58% tested for Tuberculosis. 9% of respondents who didn't test indicated they did not test because they did not believe they were at risk for those diseases and 15% indicated they had no symptoms. 	<p>testing (1.8 times a year for those who tested) is approximately one test for every two partners in the past year.</p> <ul style="list-style-type: none"> Between 30 and 60% of respondents indicated they have been tested for other diseases in the past year. This supports the critical nature of referrals to appropriate providers, particularly for Hepatitis C in this population.
<p>Prevention services currently accessed (19,21) Note: For testing, community-based organizations and corrections were not provided as a response option.</p>	<ul style="list-style-type: none"> The top locations IDU women go for an HIV test are (in order): corrections [27%]¹, doctor's office [21%], community-based organizations [18%], and family planning clinic [15%]. The top locations IDU women go for an STD test are (in order): doctor's office [27%]¹, other public clinic [18%], and hospitals [9%]. 32% of respondents indicated barriers in their community to seeking prevention services. The barriers mentioned were: the programs or services they need are not offered [18%]¹, that the programs or clinics are too crowded or the wait is too long [15%], have to go to different locations for different services [12%], and don't have transportation [12%]. The top locations where IDU women have gotten HIV and STD information are (in order): health care providers [36%]¹, community-based organizations [36%], drug treatment centers [36%], counseling and testing centers [30%], and the library [24%]. The top locations where IDU women have gotten information on HIV and STDs that has helped them are (in order): community-based organizations [36%]¹, counseling and testing centers [36%], health care providers [33%], other health clinics [27%], and public health clinics [27%]. 	<ul style="list-style-type: none"> The primary source for HIV testing is through corrections and private providers but many seek testing through publicly funded care providers, and family planning clinics. 32% of respondents indicated barriers to accessing HIV and STD prevention services. Waiting time and crowded conditions at clinics, convenience, and lack of programs or services were cited as a barrier to accessing services. The primary source of HIV and STD information and useful information reported by the survey respondents was primarily through public funded clinics, private providers, and community-based organizations.
<p>Prevention needs (35-39)</p>	<ul style="list-style-type: none"> For those indicating they wanted to know more to help protect them from acquiring HIV, the following activities were requested (in order): how to have safe sex [39%]¹, drug abuse counseling and treatment [39%], how to talk with partners about using condoms [36%], basic information on HIV/STDs [33%], and how to clean needles and works [27%]. 	<ul style="list-style-type: none"> Basic information on HIV/STDs, drug abuse counseling and treatment, how to have safe sex, and communication skills training lead the activities wanted by IDU women as needed

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	<ul style="list-style-type: none"> Primary locations where IDU women indicated they would get information on HIV and STDs in the future are (in order): community-based organizations [79%]¹, drug treatment centers [70%], health care providers [67%], counseling and testing centers [64%], and public health clinics [61%]. Primary locations where IDU women indicated they would NEVER get information on HIV or STDs in the future are (in order): work [61%]¹, church [58%], bars [54%], bath houses [48%], and schools [39%]. 	<p>services.</p> <ul style="list-style-type: none"> The primary locations where IDU women indicated they would go to get HIV and STD information are community-based organizations, public clinics, private providers, and drug treatment centers. The primary locations where IDU women would never seek HIV or STD prevention messages are bars, bathhouses, work, church, and schools.

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Specific Information about HIV⁺ from HIV⁺ risk profiles	<p>Statewide for all HIV positive IDU women²:</p> <ul style="list-style-type: none"> • 58% of IDU women HIV positive individuals indicated they never used a condom for anal sex, 31% for vaginal sex, and 64% for oral sex. • 23% indicated an STD diagnosis in the past year. • 46% indicated more than 1 sex partner in the past year. • 35% indicated selling sex and 5% bought sex in the past year. • 90% indicated substance use with sex in the past year. • 74% of HIV positive IDU women shared injection equipment in the previous year. • 66% indicated their partners were at risk, and 34% indicated their partners had multiple partners. • The top drugs used during sex were: cocaine [68%]¹, alcohol [51%], marijuana [45%], heroin [37%], and amphetamines [17%]. <p>For all HIV positive IDU women in the Panhandle [LOMA] CPG Area²:</p> <ul style="list-style-type: none"> • None of the HIV positive IDU women reported using a condom for oral, anal, or vaginal sex in the previous year. • None indicated an STD diagnosis in the past year. • 50% indicated they had more than 1 partner in the past year. • No HIV positive IDU woman in LOMA indicated selling sex in the past year. • 50% indicated substance use with sex in the past year. • All HIV positive IDU women shared injection equipment in the previous year. • All women indicated their partner was at risk, and 50% indicated their partners had multiple partners. • The top drugs used during sex were: amphetamines [50%]¹, cocaine [50%], marijuana [50%], and alcohol [50%]. 	<ul style="list-style-type: none"> • The proportion of IDU women positives, statewide, reporting using condoms is similar to that reported in the needs assessment. • The proportion of HIV positives with a recent STD diagnosis is significant, up to one-quarter having an STD in the past year. This is particularly troublesome considering almost half of these women have had multiple sex partners in the past year. • Two-thirds to all of HIV positive IDU women indicate their partner is at risk. • All HIV positive IDU women in LOMA shared injection equipment in the last 12 months. • The drugs of choice for HIV positives are cocaine, alcohol, amphetamines, heroin, and marijuana.
Other		

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